# APPLICATION FOR BUILDING PERMIT

#### **COUNTY OF LOS ANGELES DEPARTMENT OF COUNTY ENGINEER BUILDING AND SAFETY DIVISION**

| FOR APPLICANT TO FILL IN   |        | ADDRESS 77                      | 55 45                                 | FACT                | , ,       | //55                                  |       | : (1           | 912501            | ľ       |
|--|--------|---------------------------------|---------------------------------------|---------------------|-----------|---------------------------------------|-------|----------------|-------------------|---------|
| BUILDING 155 Agricon   |        | LOCALITY F                      | 44.00                                 | $\mathbf{I}^{\geq}$ | the/      |                                       |       |                |                   |         |
| CITY Tremane Coulde  |        | NEAREST /<br>CROSS ST.          |                                       |                     | /1 -      | · · · · · · · · · · · · · · · · · · · |       |                |                   |         |
| NO. OF BLDGS. SIZE OF LOT NOW ON LOT   |        | ASSESSOR<br>MAP BOOK            | 734                                   | 5-                  | PAGE      | 16                                    | PA    | RCEL           | 21                |         |
| TRACT BLOCK LOT NO.  |        | DISTRICT                        | GROUP 0                               | TYPE<br>CONST.      |           | ÉIRE<br>ZONE                          | 101   | CESSE          | DBY               |         |
| OWNER Harold Sershmanno.   |        | STATISTICAL CL                  | ASSIEICATION                          | í                   |           | <u> </u>                              |       | EWER           | MAD               |         |
| ADDRESS 215 S. La CRANGE SE  | d,     | CLASS NO                        |                                       | _DWELL.             | UNITS     | 0                                     |       |                | ec.               |         |
| CITY Beverly HillEM  |        | USE ZONE 1/                     | MAP                                   | 09                  |           |                                       | 7.0   |                | <u> </u>          |         |
| ARCHITECT OR TEL. NO.  |        | 11_2 5                          | PECIAL<br>CONDITIONS                  |                     |           |                                       |       |                |                   |         |
| ADDRESS  |        | ROAD DEPARTA                    |                                       | AL REQUIF           | RED       |                                       | YES _ | 1              | 40 <b>I</b>       | -       |
| CONTRACTOR NO.   |        | BLDG. SETBACK<br>FRONT PROP. LI |                                       |                     |           |                                       |       | STREET         | <br>[]            |         |
| ADDRESS NO.  |        | HIGHWAY +                       | · · · · · · · · · · · · · · · · · · · |                     | TAL SETBA | ACK FROM                              |       | E OF           | EXISTING<br>WIDTH |         |
| CITY CLASS CONSTRUCTION LENDER   |        | +                               | =                                     |                     | KOTT TR   | J1. LII1L                             | 11101 |                | ·                 | >       |
| NAME AND BRANCH  | •      | BLDG. SETBACK                   |                                       | <u> </u>            |           |                                       |       |                |                   | Š       |
| ADDRESS         CITY           SQ. FT.         NO. OF         NO. OF         CF  | 1ECK   | SIDE PROP. LINI                 |                                       | TO                  | TAL SETB  | ACK FROM                              |       | STREE          | EXISTING          | FCTOR   |
|  | ONE    | HIGHWAT +                       | <u> </u>                              |                     | SIDE PRO  | P. LINE                               | HIGH  | WAY            | WIDTH             | 9       |
| DESCRIPTION OF WORK NEW  | . —    |                                 | NER CUTOFF                            | <u> </u>            | YES       | _                                     | NO T  | <del>,  </del> |                   | 2       |
| fora wall 12 X 13 ALTE   |        |                                 | <del></del>                           | <del></del>         |           |                                       |       | <del></del>    | ******** <b>*</b> |         |
| SEOF INTERIOR WORK   | AIR 🔲  | IN OPEN SPACE                   | <del>-,</del>                         | <del></del>         | YES       |                                       | NO L  | <del>_</del>   |                   |         |
| EXISTING BLDG.  APPLICANT LAGORITHM TELL AND TEL | IOL L  | IN COASTAL PE                   | RMIT ZONE                             |                     | YES       |                                       | NO L  |                |                   |         |
|  | 502H   | Suh                             | sect.                                 | 10                  | Ku        | eld .                                 | app   | ro             | val               | -       |
| BY (SIGNATURE)   |        | - /                             |                                       |                     |           |                                       |       |                |                   |         |
| I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDIN  | STATE  |                                 |                                       |                     |           |                                       |       |                |                   | ĺ       |
| AND LAWS REGULATING BUILDING CONSTRUCTION. I CERTIFY THAT IN DOIN WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATI THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S  | NG THE |                                 |                                       |                     |           |                                       |       |                |                   | İ       |
| PENSATION INSURANCE.   | o com- |                                 | _                                     |                     |           | . , /                                 |       | /              | )                 | . :<br> |
| SIGNATURE OF HAMIL OUNSUMBER   |        | FINAL DATE                      | 11/2                                  | BY                  |           | Ron                                   | -4    | /              |                   |         |
| ADDRESS 215 90 LACIENTED PO  | res)   | DAIL 9                          | -///                                  |                     |           |                                       | - !   |                |                   |         |
| CITY SEVERY NILLS TEL 654-5  | 024    | P.C. Fee \$                     | · · · · · · · · · · · · · · · · · · · | · .                 | Per       | mit Fee                               | 10    | . 0            | <u>ں</u>          | ļ,      |
| 1.00   |        |                                 | · · . ·                               |                     | Issu      | ance Fee                              | 7.    | ہو             | <u>ر</u>          | ŀ       |
| VALUATION \$ 450   |        |                                 |                                       |                     | Tot       | al Fee                                | 17.   | هه             | )                 | !       |
| PLAN CHECK VALIDATION CK. M.O. C.  | ASH _  | •                               | PERMIT                                | VALID               |           |                                       |       |                | CASH              |         |
|  |        |                                 |                                       |                     |           |                                       |       | •              |                   |         |

1088 JAN 26 A 0 1 17.00 ~

| PLANS TO APPLICANT              |                                       |                   |        |             | ESS Surveys a surveys was an                     | INSPECTOR'S NOTES  |  |  |  |  |  |
|---------------------------------|---------------------------------------|-------------------|--------|-------------|--|--|--|--|--|--|--|
| TO:                             |                                       | RETURNED APPROVED |        |             |  |  |  |  |  |  |  |
| NO DA                           | TE                                    | NO.               | D/     | ATE         | ALLKOVED   | WORKER'S CONTENSATION CERTIFICATION  |  |  |  |  |  |
|                                 |                                       |                   |        |             |  | permit and the to  |  |  |  |  |  |
|                                 | -                                     |                   |        |             |  | Decome   |  |  |  |  |  |
|                                 |                                       |                   |        |             |  | normit I   |  |  |  |  |  |
|                                 |                                       | REG               | QUIRED | DAI         | TE RECEIVED                                      | 10 de es att   |  |  |  |  |  |
| APPROVA                         | LS                                    | YES               | NO     | OR          | APPROVED   | explanation of the stand conditions of this continuate and help understand than. |  |  |  |  |  |
| WATER CERTIFICATI               |                                       |                   |        |             |  |  |  |  |  |  |  |
| HEALTH DEPARTMEN                | NT                                    |                   |        |             |  | Signature Harild Tellithman  |  |  |  |  |  |
| FIRE DEPARTMENT                 |                                       |                   | 1      |             |  | Bate ////  |  |  |  |  |  |
| GRADING                         |                                       |                   |        |             |  | - L 4 / T.S  |  |  |  |  |  |
| GEOLOGICAL                      |                                       |                   |        |             |  |  |  |  |  |  |  |
| PEDESTRIAN PROTEC               | TION                                  | <del> </del>      |        |             |  |  |  |  |  |  |  |
| (FENCE) (CANOPY)                | ON                                    |                   |        |             | ÷  |  |  |  |  |  |  |
| SPECIAL INSPECTION              | (WELDG.)                              |                   |        |             |  |  |  |  |  |  |  |
| LOT DRAINAGE                    |                                       |                   |        |             |  |  |  |  |  |  |  |
| PARKING                         |                                       |                   |        |             |  |  |  |  |  |  |  |
|                                 |                                       |                   |        |             |  |  |  |  |  |  |  |
|                                 |                                       | -                 |        |             |  |  |  |  |  |  |  |
| APPROVALS                       |                                       | ATE               | INS    | SPECTOR'S   | SÌGNATURE  |  |  |  |  |  |  |
| LOCATION-<br>SETBACK & YARDS)   |                                       |                   |        |             | - CIOTOTORE                                      |  |  |  |  |  |  |
| FOUNDATIONS                     |                                       |                   | +      |             | 2  |  |  |  |  |  |  |
| RAME                            | 1-30-                                 | 78                | Bei    |             | <del>/                                    </del> |  |  |  |  |  |  |
| ATH/DRYWALL<br>INTERIOR         |                                       |                   | - Ker  | +           |  |  |  |  |  |  |  |
| ATH-EXTERIOR                    |                                       | 5. 9              | -      |             |  |  |  |  |  |  |  |
| OUSE NUMBER-<br>ORRECT & POSTED |                                       |                   |        | <del></del> |  |  |  |  |  |  |  |
| ORRECT GT CGTZD                 |                                       |                   | -      |             |  |  |  |  |  |  |  |
| NAL-<br>NTER ON FRONT           | <u> </u>                              | <del></del>       | +      | <del></del> |  |  |  |  |  |  |  |
|                                 |                                       |                   | +      |             |  |  |  |  |  |  |  |
|                                 | · · · · · · · · · · · · · · · · · · · |                   | -      |             |  |  |  |  |  |  |  |
|                                 | :                                     |                   | -      |             |  |  |  |  |  |  |  |
|                                 |                                       |                   |        |             | 100  |  |  |  |  |  |  |

## "APPLICATION FOR PLUMBING PERMIT

L 2460

### **BUILDING AND SAFETY DIVISION**

|   | FOR APPLICANT T              | O FILL IN (PRINT ( | OR TYPE)  |          |                                     | BUILDING   |
|---|------------------------------|--------------------|-----------|----------|-------------------------------------|--|
| NUMBER  | FIXTURE OR                   | ITEM               | @         | FE       | E                                   | ADDRESS // ) 3 W. CAICSON  |
| 1   | WATER CLOSET                 |                    |           | 3        | ()()                                | LOCALITY   |
|   | BATH TUB                     |                    |           |          |                                     | BUILDING ADDRESS // 55 W. CARSON LOCALITY  NEAREST CROSS ST. NORMANDIF - CARSON  |
|   | SHOWER                       |                    |           |          |                                     | OWNER  |
|   | LAVATORY                     |                    |           | _        |                                     | MAIL<br>ADDRESS  |
|   | SINK                         |                    |           |          |                                     | CITY TEL. NO.  |
|   | DISHWASHER                   |                    |           |          |                                     | CONTRACTOR SERVICE BY GEORGE   |
|   | CLOTHES WASHER               |                    |           |          |                                     | l  |
|   | SWIMMING POOL REC            | EPTOR              |           |          |                                     | ar bus LEGENU YU.  |
|   | LAWN SPRINKLER SYST          | rew .              |           |          |                                     | 67.47  |
|   | WATER HEATER                 |                    |           |          |                                     | STATE LICENSE NO. 308-644 LIC. CLASS C-36  |
|   | GAS SYSTEM                   | OUTLETS            |           |          |                                     | DISTRICTINO. GROUP ZONE PROCESSED BY   |
|   | OUTLETS OVER<br>5 PER SYSTEM |                    |           |          |                                     | INDUSTRIAL INDUSTRIAL  |
|   |                              |                    |           |          |                                     | WASTE APPROVAL   |
|   | •                            |                    |           |          |                                     | INSPECTION RECORD  |
|   |                              |                    |           |          |                                     | <b>V</b> .   |
|   |                              |                    |           |          |                                     |  |
| Plan che  | eck fee                      | <del></del> -      |           |          |                                     |  |
| P   | LUMBING PERMIT ISS           | SUING FEE \$       |           | 7        | 20                                  |  |
|   |                              | TOTAL FEE          |           | 10       | $\frac{\widetilde{\Omega}}{\Omega}$ |  |
| Plan check  | k applicant                  |                    |           |          | $\overline{}$                       |  |
| Name  |                              |                    |           |          |                                     | APPROVALS DATE INSPECTOR'S SIGNATURE   |
| <del></del>   |                              |                    |           |          |                                     | UNDER SLAB WORK  |
| Address   |                              | <del></del>        |           |          |                                     | ROUGH PLUMBING 7/15/77 Sound   |
| City  |                              | Tel. No            | ).        |          |                                     | GAS PIPING   |
| THAT THE ABO  | BY ACKNOWLEDGE THAT I        | TO COMPLY WITH     | APPLICATI | ON AND S | STATE<br>NCES                       | GAS VENT   |
| AND STATE LA  | AWS REGULATING PLUMBING      | 3.                 |           |          |                                     | HOT WATER HEATER   |
| I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF, AND INTEND TO RESIDE IN THE ABOVE DESCRIBED RESIDENTIAL |                              |                    |           |          |                                     | PLUMBING FIXTURES  |
|   |                              |                    |           |          |                                     | GAS TEST   |
| PROPERTY.   | M                            | 11                 | 1         | r        | -                                   | UTILITY CO. NOTIFIED   |
| SIGNATURE<br>OF PERMI   |                              | WHOE               | lenge     | B        |                                     | FINAL CONTRACTOR OF THE PROPERTY OF THE PROPER |
| J C   |                              |                    |           |          |                                     | FINAL  |
| LAN CHEC  | CK VALIDATION                | ск.                | M.O.      | CASH     |                                     | PERMIT VALIDATION CK. M.O CASH   |
| ži:   |                              |                    |           |          |                                     | 0178FEB 14 A 0 5 / 10.00 ×   |

INSPECTOR COPY

### WORKER'S COMPENSATION CERTIFICATION

I certify that I will be responsible for the work to be done under this permit and that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Worker's Compensation lews of California.

I further certify that if during the course of construction under this permit I should become subject to Worker's Compensation requirements, I will file the required certificate of insurance and realize that failure to do so will necessitate suspension of the permit. I have received an explanation of the limits and conditions of this certificate and have read and fully understand them.

Signature ...

Title

Dets 14 FEB 78

Date